

2006 RETIREE/COBRA - HEALTH AND DENTAL

HEALTH PROVIDER/COVERAGE CATEGORY*	MONTHLY RATE	BILLING METHOD
Kaiser Permanente HIGH RETIREE under 65 and COBRA**		
Single	\$295.16	City will bill
2-Party	\$569.23	
Family	\$772.92	
Kaiser Permanente LOW RETIREE under 65 and COBRA**		
Single	\$262.63	City will bill
2-Party	\$505.72	
Family	\$687.68	
Kaiser Permanente HIGH 65+ RETIREE***		
Subscriber (M)	\$131.77	City will bill
Subscriber (M) + Spouse (M)	\$259.61	
Subscriber (M) + Spouse (NM)	\$405.84	
Subscriber (NM) + Spouse (M)	\$423.00	
Subscriber (M) + Spouse (M) + Child (NM)	\$463.30	
Subscriber (M) + Spouse (NM) + Child (NM)	\$609.53	
Subscriber (NM) + Spouse (M) + Child (NM)	\$626.69	
Subscriber (NM +65)	\$954.02	
Subscriber (Part A Only +65)	\$679.02	
Kaiser Permanente LOW 65+ RETIREE***		
Subscriber (M)	\$76.63	City will bill
Subscriber (M) + Spouse (M)	\$149.48	
Subscriber (M) + Spouse (NM)	\$320.12	
Subscriber (NM) + Spouse (M)	\$335.48	
Subscriber (M) + Spouse (M) + Child (NM)	\$331.04	
Subscriber (M) + Spouse (NM) + Child (NM)	\$501.68	
Subscriber (NM) + Spouse (M) + Child (NM)	\$517.04	
Subscriber (NM +65)	\$956.02	
Subscriber (Part A Only +65)	\$679.02	
Blue Cross HMO HIGH RETIREE under 65 Or COBRA**		
Single	\$308.00	City will bill
2-Party	\$619.49	
Family	\$859.52	
Blue Cross HMO LOW RETIREE under 65 or COBRA**		
Single	\$280.99	City will bill
2-Party	\$564.58	
Family	\$783.38	
Blue Cross PPO RETIREE under 65, Blue Card RETIREE under 65, or COBRA**		
Single	\$434.23	City will bill
2-Party	\$874.66	
Family	\$1,211.50	
Blue Cross HMO HIGH RETIREE with Medicare A&B		
Single	\$333.21	City will bill
2-Party	\$670.48	
Family	\$929.91	
Blue Cross HMO HIGH RETIREE without Medicare A&B		
Single	\$513.18	City will bill
2-Party	\$1,034.60	
Family	\$1,432.65	

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Blue Cross HMO LOW RETIREE with Medicare A&B		
Single	\$307.34	City will bill
2-Party	\$617.89	
Family	\$856.99	
Blue Cross HMO LOW RETIREE without Medicare A&B		
Single	\$477.92	City will bill
2-Party	\$963.03	
Family	\$1,333.52	
Blue Cross PPO RETIREE with Medicare A&B or Blue Card Out-of-State with Medicare A&B		
Single	\$534.52	City will bill
2-Party	\$1,077.55	
Family	\$1,491.63	
Blue Cross PPO RETIREE without Medicare A&B or Blue Card Out-of-State without Medicare A&B		
Single	\$700.80	City will bill
2-Party	\$1,414.00	
Family	\$1,956.17	
DENTAL PROVIDER/COVERAGE CATEGORY	MONTHLY RATE	BILLING METHOD
Delta Dental DPO RETIREE/COBRA**		
Single	\$60.32	City will bill
2-Party	\$109.73	
Family	\$154.66	
Delta Care Dental PMI/DHMO RETIREE/COBRA**		
Single	\$17.61	City will bill
2-Party	\$26.70	
Family	\$39.73	

*Health Rates include Vision Service Plan

10/06/2005

**COBRA coverage is between 18 to 36 months, Contact HR, Benefits Division for info

*** (M) Medicare Over 65 / (NM +65) No Medicare Over 65 / (NM) No Medicare Under 65

RETIREE dental coverage is for retirees currently with dental coverage through the City

RATES ARE SUBJECT TO ANNUAL CHANGE.